

HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Adrian K. Kamali'i, PRP			808.599.8705
MAILING ADDRESS (Street)			FAX
1050 Kina'u Street, STE 706			
(City)	(State)	(Zip Code)	
Honolulu, HI 96814			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

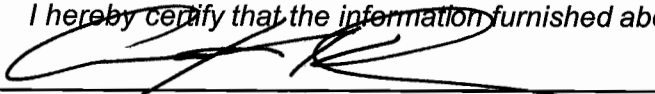
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
OW Enterprises, LLP	312.623.1089	
MAILING ADDRESS (Street)	FAX	
P.O. Box 8346 Chicago, Illinois, 60607		
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
D. Patterson		
MAILING ADDRESS (Street)	FAX	
Same as above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/15/06
(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

D. Patterson, General Counsel

NAME OF ORGANIZATION (if applicable)

TELEPHONE

OW Enterprises, LLP

MAILING ADDRESS (Street)

FAX

Same as above

(City)

(State)

(Zip Code)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/10/2006
(Date)